Health I	Regulation & Licensin	a Administration			
STAFFME	NT OF DEFICIENCIES LOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		HCA-0087	B WING		09/26/2017
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	STATE ZIP CODE	
		143 KE	NNEDY STR	EET, NW	
QUALIT	Y ONE CARE HOME H	WASHI	NGTON, DC	20011	and the second second
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLETS THE APPROPRIATE DATE
H 000	INITIAL COMMENT	ΓS	H 000	9	
	20, 2017, to Septer compliance with Tit (Home Care Agency care agency provid. (5) patients and emfindings of the surve administrative records, and eight (findings were also be one (1) patient telep with patients/family. Please note, listed throughout the body. ADHD attention of DMII diabetes me fx fracture g-tube gastrostor LPN licensed pra MAR medication POC plan of car PCP primary care SN skilled nurse	below are abbreviations used y of this report. deficit hyperactivity disorder sellitus type II my tube ctical nurse administration record sellitus physician spost motor vehicle accident diministration record in injury Nursing actical Nurse urse e Agency	e f ts, vs		
H 157	3907.2(m) PERSO	NNEL	H 157		
		ency shall maintain accurate which shall include the	3		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Health R	legulation & Licensin	g Administration			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL A BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HCA-0087	9 WING	2-6-1100 millione parameter (married parameter married married parameter married par	09/26/2017
QUALITY (X4) IO FREFIX FAG	Continued From particular following information of the Hepatitis Vacantial formation of the Hof eight (3) employed #2 LPN #1, LPN #2. The finding include On September 21, review of personne LPN #1, LPN #2, a documented evider declination of the Hon September 21, with the DON reversity.	STREET ADI 143 KENN WASHING TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCHOENTIFYING INFORMATION: ge 1 of acceptance or declination cine; and met as evidenced by view and interview, the agency t all personnel records ation of acceptance or epatitis B vaccine for five (5) ees in the sample (DON, RN 2, and LPN #3) s 2017, starting at 2.30 p.m. If records for the DON, RN #2 and LPN #3 revealed no nce of employee acceptance or lepatitis B vaccine. 2017, at 2.45 p.m. interview alled that all personnel would	DRESS CITY : EDY STREE TON, DC 2 ID PREFIX TAG H 157	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) H 157 The Hepatitis B vaccine acceptance for employees DON, RN#2, LPN #3 has been completed by the agency spective employees' records. See Effortive employees' records. See Effortive employees' records. See Effortive on the 10/15/17, this agency may be presented to the Appropriate of the Instantion of Instantion o	or decimation form 1, LPN#2 and LPN# and filled in the reschibit #1A, 1B, 1C. changes have been efficient practice does they has revised its to include Hepatitis see Exhibit #2 6 2017 by DON remains policy, apdated attits B acceptance tion. It monthly random legative patterns will nee committee for h follow up actions
	oe offered the Hep- acceptance or declinto personnel reco Ar the time of the si ensure all personne employees' accept Hepatics Bivaccine	atitis 8 vaccine, and the ination form would be inserted ords urvey the HCA failed to el records included the ance or declination of the		The Quality Assurance team will reof employee's files quarterly, to enhired employees have required doubles.	andomly audit 10% a
H 358	3914 3(g) PATIENT	PLAN OF CARE	H 358		
		sment including all perfinent			

Liantin Dan Ja	on 2 limensin	ng Administration			
STATEMENT OF DE AND PLAN OF COR	FICIENCIES	X1 PROVIDER/SUPPLIER/CHA IDENT/FICATION YUMBER		CONSTRUCTION	(Xd) DATE SURVEY COMPLETED
		HCA-0087	8 WING		09/26/2017
NAME OF PROVIDE	R OR SUPPLIES		ORESS, CITY ST		
QUALITY ONE	CARE HOME H		NEDY STREET GTON, DC 200		
(X4) ID PREFIX (E TAG RE	WOR DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD 35 COMPLETE
H 358 Contil	nued From pa	age 2	H 358		
				H 358	
Baser failed assets two (3 #3 and The file of Painote that the palsy Control of Painote duad 2 Ortof Painote line of the Augu Augu did not sentent the palsy Control of the Augustian Con Signature of the Augustian Con Signature of the particular of the Augustian Con Signature of the particular of the Augustian Con Signature of the particular of the part	d on record re- to ensure that in 2) of five (5) p indings includ September 2 titent #3 s clini dated August he patient had and spastic (nued review of a SOC of Aug d of August 4 did not reflect al nerve III par riparalysis In September 1 titent #5's clini rvisory note of documented catheter (implifice) in the right a record reveal set 10, 2017 in set 10, 2017 of the DON reveal the DON reveal in line access rail line access	met as evidenced by eview and interview, the agency at POCs included a complete cluded pertinent diagnoses for attents in the sample (Patients e.g., 2017, at 1,45 p.m., review cal record revealed a nursing 14, 2017. The note revealed diagnoses of cranial nerve III distonic quadriparalysis of the record revealed a POC ust 4, 2017, and a certification, 2017, to October 4, 2017. The the patient's diagnoses of isy and spastic dystonic. 21, 2017, at 2,00 p.m. review ical record revealed a nursing lated September 1, 2017. The that the patient had a central ented long-term intravascular chest area. Continued review alled a POC with a SOC date of and a certification period of the October 10, 2017. The POC use of the central line catheter. 2017, at 3,00 p.m., interview saled that all diagnoses and the device would be added to the #3 and Patient #5.	e f	The pertinent diagnosis for Patie nent # 5 and the use of the central have been added in the Plan of C Exhibit # 3C and 3F, and the PO forwarded to the patient's physic and signature. The following Measures System been put in place to ensure the a practice does not reoccur: Effective on the 10/15/17, this a ed policy # QOC 20-052 Plan of a second RN reviewing all new once a clinical RN completes not documentation. See Exhibit #4. Admission nurses were in-servitegarding on the 10/16/17, regardare policy to emphasize that all nosis and other information's much POC and verified by second The DON/DESIGNEE will contain the POC and verified by second tients charts or 10% of patient increases, any negative patterned to the Quality assurance coring and trending purposes with taken and implemented as need the Quality Assurance team with POC statue.	are (POC). See C have been man for review the changes have fleged deficient gency has update care, to include, patients record ow admission ced by the DON riding on Plan of I patients' diagnost be listed in I RN induct monthly discharge pass charts as census is will be present- mentice for track- follow up actions I arise, ill randomly audit

Health Regulation & Licen				TWO DATE DUGUEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PUGNOT SURREURING	EN A LA CONSTOLA HOMOGIA	A BUILDING		
	HCA-0087	8 WING		09/26/2017
		1		1 00.20.201
NAME OF PROVIDER OF SUPPLIE			STATE, ZIP GODE	
QUALITY ONE CARE HOM	FREALTH INC SHE	NEDY STREE GTON, DC 20		
(X4) ID SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	
PREFIX EACH DEFICIE	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION,	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
H 358 Continued From	cage 3	H 358	11.773	
ensure a comole	te assessment was included on		H 363	
the POC mention			The name and phone number of A	gency's employee
			in charge of managing emergency tient # 1, #2, #3, #4 and # 5 have b	situation for Pa-
H 363 3914 3(I) PATIEN	NT PLAN OF CARE	H 363	POC.	
The plan of care	shall include the following		See Exhibit 3A, 3B, 3C, 3D, 3E at POU have been forwarded to the p	id 3F, and the intent's physician
· · · · · · · · · · · · · · · · · · ·	of compleyings in charge of		for review and signature.	
managing amerg	of employees in charge of sency situations:		•	
ma laging arrang	, criticy characteristic		The following Measures/Systemic been put in place to ensure the alle	changes have
	at an about a side was and have		practice does not reoccur:	ged doneren
I his Statute is n	of met as evidenced by: review and interview, the agency	,	practice this in resident.	
failed to ensure t	hat POCs included identification		Effective on the 10/15/17, this age	ency has updated
of employees in	charge of managing emergency		policy # QOC20-052 Plan of care	, to include, a
situations for fiv	e (5)		second RN reviewing all new pati	ents record once a
of five (5) patient #3 #4 and #5)	ts in the sample (Patients #1, #2,		clinical RN completes new admis- tion. See Exhibit #4.	Stoti docolnema.
40 #4 and #0)			Admission nurses were in-service	d by the DON
The finding inclu	des	2	on 10/16/17, regarding on the Plan	of care policy to
	0.0047		emphasize that the RN supervisor	or/and agency
On September 2	0 2017 and September 21, 11 00 a.m., review of the clinical		phone number must be listed in the	ie POC
records for Patie	ints #1 #2, #3 #4 and #5		The DON/DESIGNEE will condu	monthly random
revealed POCs \	with certification periods from		audits of all active and discharge	patients chart or
August 1 2017 t	hrough October 22, 2017 The		10% of patient's charts as census	mereases, any neg-
POCs however,	failed to include the employees nanaging emergency situations		ative patterns will be presented to	the Quality asant-
18800Halbie iol 1	managing emergency situations		ance committee for tracking and	trending purposes
with the DON re-	0 2017 at 2 00 p m interview vealed that he would include		with follow up actions taken and need arise	implemented as
	onsible for emergencies on		The Quality Assurance team will	randomly audit
patient POCs go	ang torward		10% patients' chart quarterly: to e	ensure compliance
At the time of the	s survey, the HCA failed to		with POC statue	
include employe	es responsible for emergencies mentioned above			

L86Y11

STATEMENT	OF DEFIGIENCIES FIGORREGION	ng Administration (X1) PROVIDER/SUPPLIER/SUIA IDENTIFICATION NUMBER		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HCA-0087	5 WING		09/26/2017
		143 KENN	EDY STREET	7, NW 011 PROVIDER'S PLAN OF CORREC	TION (X5)
(X4):D PREFIX TAG	FACH DEFICIENC	ATEMENT OF DETICIONED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE DOMPLE OPRIATE DATE
H 366 (Dontinuea From p	age 4	H 366	•	
	3914 4 PATIENT R		H 366	H 366	
	by a physician with of care, provided, bersonal care aldes approved and sign registered nurse. It is not be signed by a telepishal be signed by days. This Statute is not be signed by days. This Statute is not be assed on record register to ensure a approved and sign five (5) patients in The finding includ. On September 20 Patient #3's clinication per Corober 4, 2017, patient had diagnospersed skull by spesic cystonic of POC, the SN was hours per week. Or revealed it was appractitioner and in the contractioner and in the contraction are with the contraction and in the contraction and in the contraction are with the contraction and in the contraction and in the contraction are with the contraction and in the contraction and in the contraction are contraction and in the cont	shall be approved and signed in thirty (30) days of the start however, that a pian of care for a services only may be ned by an advanced practice if a pian of care is initiated or none order the telephone order ely reduced to writing and it the physician within thirty (30) where the physician within thirty (30) are the physician within thirty (30) and the physician within thirty (30) are the physician for one (1) of the sample (Patient #3) are sample (Patient #3) are sample (Patient #3) are so if a record revealed a POC with a rice of August 4, 2017, through the POC indicated that the poses of severe TBI, S/P MVA, and gradiparesis. According to the to provide services three (3) continued review of the POC poroved and signed by a nurse of a physician, as required. 1. 2017, at 2:45 p.m. during an DON, ne acknowledged the and indicated that the POC		On 10/16/2017, POC for patien mitted to the physician for revieture. The RN supervisor has following the phone call to the doctor's of 3 to inform them that all skiller POC must be signed by the PC. The following Measures/Systemave been put in place to ensurficient practice does not reoccut Admission nurses were in-serv DON on the 10/16/17 regarding care policy and procedure to expect of the pocking patients are very by PCP. The DON/DESIGNEE will conduits of all active and dischard or 10% of patient's charts as exponentially, any negative patterns ed to the Quality assurance contracking and trending purpose actions taken and implemente. The Quality Assurance team valudit 10% patients' chart quare compliance with POC statue.	ew and signa- lowed up with ffice of patients! I care patients! P. SEE Exhibit 9 and mic changes the alleged de- int: iced by the the on the Plan of inphasize that all initied and signed induct random ge patients chart the ensus increases to will be present- inmittee for the with follow up the das need arise. will randomly

***** 14 1

appioval

L86Y11

2) MULTIPLE CONSTRUCTION BUILDING VVING USS, CITY, STATE, ZIP CODE BY STREET, NW IN, DC 20011 ID PROVIDER'S PLAN OF CORRECTIVE PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODE DEFICIENCY) 1 366	DISE COMPLETE	
ISS, CITY, STATE, ZIP CODE BY STREET, NW IN, DC 20011 ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODE DEFICIENCY) 1 366	ON X51 D BE JONPLETE	
PREFIX TAG 1366	D SE JOMPLETE	
IN, DC 20011 ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) I 366	D SE JOMPLETE	
PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY) 1 366	D SE JOMPLETE	
POC for Patient # 1.#2,#3,#4,and as been modified and medication order	rs were made	
the agency nurse role in medication training is also specified in the Plan (POC).See Exhibit 3A.3B.3C.3D.3E	administration of Care and 3F, and	
sician for review and signature. The following Measures/Systemic changes have been put in place to ensure the alleged deficient practice does not reoccur:		
HCA has updated its policy for new include a second RN to review all n record once a clinical RN completes documentation. See Exhibit #3 Admission nurses were in-serviced on 10/16/17 regarding on POC policy	lew patients' s new admission by the DON cy and procedure	
to emphasize that patient's orders a demonstrate the role of nurses and	parents in pro-	
The DON/DESIGNEE will conduct of all acrive and discharge patients patient's charts as census increases negative patients will be presented assurance committee for tracking a poses with follow up actions taken ed as need arise. The Quality Assurance team will a time patients' chart quarterly, to en with POC statue.	t random audits chart or 10% of monthly, any to the Quality and trending purand implementandomly audit	
7.	POC for Patient # 1,#2,#3,#4,and as been modified and medication order more specific as to who will adminish the agency nurse role in medication training is also specified in the Plan (POC). See Exhibit 3A.3B.3C.3D.3B the POC have been forwarded to the sician for review and signature. The following Measures/Systemic to been put in place to ensure the alleging practice does not reoccur. HCA has updated its policy for new include a second RN to review all in record once a clinical RN complete documentation. See Exhibit #3 Admission nurses were in-serviced on 10/16/17 regarding on POC policy to emphasize that patient's orders a demonstrate the role of nurses and viding patient care. The DON/DESIGNEE will conduct of all acrive and discharge patients patient's charts as census increases negative patients will be presented assurance committee for tracking a poses with follow up actions taken ed as need arise. The Quality Assurance team will in 10% patients' chart quarterly, to cr	

L86Y11

Health F	Regulation & Licensin	a Administration			
	NT OF DEFICIENCIES OF CORRECTION	X1: PROVIDER/SUPPLIER/CLIA IDENTIFICATION, NUMBER		CONSTRUCTION	COMPLETED
		HCA-0087	8 WING		09/26/2017
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, ST	ATE, ZIP CODE	
QUALIT	Y ONE CARE HOME H	IEALTH INC SUL	NEDY STREET GTON, DC 200	11	
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX FAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
H 453	Continued From pa	ge 6	H 453		
	stated that he did not August 19 and he sign Continued interview HCA's responsibility was only to provide 2. On September 2 of Patient #2 sicinitized with a SOC date of certification period of October 2, 2017. The truism 21, atmoventicardiac repair surgesto provide services nurse was to "admir MD's orders." Conticulinical record reveal August 8, 2017, to SAugust 2017 MAR to	er 20, 2017 at 2:30 p.m., he of administer medications on igned the TAR in error, with the SN revealed that the y with Patient #1's medications education. 20, 2017, at 12:30 p.m., review cal record revealed a POC August 2, 2017, and a of August 2, 2017, through the patient had diagnoses of ericular septal defect and ery. The POC required the SN once a week. Also the skilled nuster medications as per nued review of Patient #2's aled nursing notes dated September 15,2017, and an ithat lacked documented iministered medications.		SEE ID PREFIX TAG # H 45.	3
	of Patient #3's clinic with a SOC date of, certification date of October 4, 2017. The TBI, tracheostomy, required the SN to partial Also, the SN was to per MD's orders." C #3's clinical record of August 4, 2017. August 22, 20 September 2017. Me evidence the SN ad 4. On September 21 of Patient #4's clinical	20, 2017, at 1.45 p.m., review cal record revealed a POC August 4, 2017, and a August 4, 2017, through ne patient had diagnoses of g-tube, and apraxia. The POC provide services once a week, "administer medications as continued review of Patient revealed nursing notes dated gust 10, 2017. August 18, 2017, August 29, 2017, and a AR that lacked documented iministered medications. 1, 2017, at 11, 30 a.m., review cal record revealed a POC August 8, 2017, and a			

ND PLAN OF COR	PIC ENCIES RECTION	DENTIFICATION NUMBER	4.	CONSTRUCTION	(X3. DATE SURVEY COMPLETED
		HCA-0087	B WING		09/26/2017
AME OF PROVIDE	R OR SUPPLIER	STREET AC	DORESS CITY ST	ATE, ZIP CODE	
		143 KEN	NEDY STREET	', NW	
UALITY ONE (ARE HOME	HEALTH, INC. SUI WASHING	STON, DC 200)11	
	ACH DEFICIENC	ATÉMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT! CROSS-REFERENCED TO T DEFICIENC!	ON SHOULD BE COMPLETE DATE
H 453 Contir	ued From pa	age 7	H 453		
Octob status that th month medic	er 10 2017 epilepticus a e SN was to i, Also, the sl ations, as pe	of August 10, 2017, through The patient had diagnoses of and ADHD. The POC indicated provide services once a killed nurse was to "administer or MD's orders." Continued		SEE ID PREFIX	TAG ≈ H 453
nursir Septe that la admir	g notes date mber 20, 20° cked docum istered medi				
of Pat with a certific Octoor short The P service "admi Conting revea	ient #5's clini SOC date of dation period er 16, 2017 dowel syndro OC indicated es once a minister medicated dued review of ded nursing n	21, 2017, at 12,30 p.m., review cal record revealed a POC f August 8, 2017, and a of August 10, 2017, through The patient had diagnoses of the and intestine dysmotility if that the SN was to provide both, Also, the SN was to attons, as per MD's orders." of Patient #5's clinical record ones dated an August 2017, MAR.		o *	
that la		7 and an August 2017 MAR ented evidence the SN cations.			
21_20 provid respon teachi POCs	17 at 2 00 g ing care "pronsibility was l ng " Addition mentioned a	with the DON on September in the stated the HCA was bono", and the HCA's only to provide "medication ally, the DON indicated that the above were written in error, and POCs rewritten.			
mothe 11 30 medic	er on Septem am she see ations to the	ce interview with Patient #3's ber 22, 2017, at ated that she administers patient and that the HCA's SN his task but does provide			

PRINTED 10/11/2017 FORM APPROVED

STATEMEN	tegatop & Licensii IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HCA-0087	8 WING		09/26/2017
	PROVIDER OR SUPPLIER	143 K	TADDRESS, CITY, ST. ENNEDY STREET HINGTON, DC 200	, NW	
(X4) ID PREFIX TAG	CAME DEPORTENCE	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC : DENTIFYING *NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE COMPLE
H 453	Continued From pa	age 8	H 453		
	education on medi- At the time of the s administer medica	cations survey, the SN failed to tions as indicated in the POC	0	SEE ID PREFIX TA	AG # H 453
	S Sa			g ²	g . 70



Rev. 9/02

GOVERNMENT OF THE DISTRICT OF COLUMBIA

HEALTH REGULATION & LICENSING DEPARTMENT OF HEALTH **ADMINISTRATION**

Mailing Address 899 North Capitol St., NE Washington DC 20002 220 Floor 202-724-8800

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility: Quality One	of Facility: Quality One Care Home Health, Inc.	Street Address, City, State, ZIP Code: 143 Kennedy St. NW, St. Wash, DC 20013	State, ZIP Code	s, City, State, ZIP Code: 143 Kennedy St. NW, Suite 14 Wash , DC 2001:	Survey Date: September 20, 2017- September 26, 2017- September 26, 2017- Follow-up Dates(s):	. 20, 2017- r 26, 2017 tes(s):
Regulation Citation	Statement of Deficiencies	eficiencies	Ref. No.	Plan of Correction	on	Completion Date
990	An initial survey was conducted from September 20. 2017, to September 26, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The home care agency provides home care services to five (5) patients and employs eight (8) staff. The findings of the survey were based on a review of administrative records, five (5) active patient records and eight (8) employee records. The findings were also based on three (3) home visits, one (1) patient telephone interview and interviews with patients/family and staff.	conducted from September 20. 2017, to determine compliance. Chapter 39 (Home Care Agency is care agency provides home care ients and employs eight (8) staff. rvey were based on a review of five (5) active patient records is records. The findings were also ne visits, one (1) patient telephone ws with patients/family and staff.		92		

C. Hude and for Theres Woters RN 10/11/17
Name of Inspector Date Issued

Facility Director/Designee

in he



COVERNMENT OF THE DISTRICT OF COLUMBIA

HEALTH REGULATION & LICENSING DEPARTMENT OF HEALTH

ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Background Check Requirement

4701.2

or contract worker who will have, or foresecably may Each facility...shall cause each prospective employee Columbia and the fifty (50) states. Finger printing or reveal the criminal history, if any, in the District of results of the criminal background checks shall be following finger printing or live scan, by the MPD undergo a criminal background check that shall criminal background check shall be performed, and FBI in an FBI-approved environment. The have direct patient, resident or client access, to live scan shall be performed in the District of Department (MPD) or a private agency. The Columbia utilizing the Metropolitan Police forwarded to the Department of Health.

Based on the review of personnel records and interview. the agency failed to obtain a fingerprint or live scan for (Receptionist and Human Resource personnel). two (2) of eight (8) employees in the sample



CRF-VIR Rev. 9/02

GOVERNMENT OF THE DISTRICT OF COLLABBIA

DEPÄRTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

The findings include:

On September 25, 2017, at 10:00 a.m., review of the Receptionist's personnel file showed that she was hired on July 1, 2017. The continued review of her personnel file revealed a criminal background check had been conducted by the State of Maryland on June 3, 2016. The file, however, lacked documented evidence of an FBI criminal background check.

On September 25, 2017, at 10:00 a.m., review of the Human Resources personnel file revealed that she was hired on July 1, 2017. The continued review of her personnel file revealed a criminal background check had been conducted by the State of Maryland on September 10, 2015. The file, however, lacked documented evidence of an FBI criminal background check.

On September 26, 2017, at 2:30 p.m., telephone interview with the DON revealed that he was unaware that FBI fingerprinting or live scan had to be conducted for the Receptionist and the Human Resources personnel. Continued interview showed hat he would ensure the identified employees would have the FBI fingerprinting completed.

At the time of the survey, the agency failed to ensure the Receptionist and the Human Resources personnel had an

The TBI background check for the Receptionist and the HR personnel have been done via DOH background check. See exhibits 5. The following Measures Systemic changes.

The following Measures Systemic changes have been put in place to assure the alieged defector practice does not re occur. The agency has registered with the DOH Autorated Background Check Management and was issued a Provider ID on October 02, 2017. See Exhibit 48.

HR staff were in serviced on the $10^2562017$ by the DON regarding policy \neq QQC 20-055.Background check (See Exhibit \neq 7) and DOH Automated Background Check system.

The DON DESIGNNFF will conduct monthly random audits of 10 employees files, any Negative patterns will be presented to the Quality assurance committee for tracking and trending purposes with follow up actions taken and implemented as need arrse.

The Quality Assurance team will randomly audit 10% of employee's lifes quarterly, to ensure that all new hired employees have required documentations on their files.

CRFMR Res. 9/02

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

FBI fingerprinting or live scan conducted.

It should be noted that Chapter 4" was amended to require FBI fingerprinting, effective December 2012.



GOVERNMENT OF THE DISTRICT OF COLUMBIA

HEALTH'REGULATION & LICENSING DEPARTMENT OF HEALTH ADMINISTRATION

Mailing Address 899 North Capitol St., NE Washington DC 20002 2nd Floor 202-724-8800

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility: Quality One	of Facility: Quality One Care Home Health, Inc.	Street Address, City, State, ZIP Code: 143 Kennedy St. NW, SL Wash., DC 20011	state, ZII nedy St. łash., DC	s, City, State, ZIP Code: 143 Kennedy St. NW, Suite 14 Wash., DC 20011	Survey Date: September 20, 20 September 26, 20 Follow-up Dates(s):	vey Date: September 20, 2017- September 26, 2017 Iow-up Dates(s):
Regulation Citation	Statement of Deficiencies	ficiencies	Ref.	Plan of Correction	no	Completion
000	An initial survey was conducted from September 20, 2017, to September 26, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The home care agency provides home care services to five (5) patients and employs eight (8) staff. The findings of the survey were based on a review of administrative records, five (5) active patient records and eight (8) employee records. The findings were also based on three (3) home visits, one (1) patient telephone interview and interviews with patients/family and staff.	from September 20, determine compliance 39 (Home Care Agency ency provides home care employs eight (8) staff. based on a review of active patient records The findings were also one (1) patient telephone atients/family and staff.				
		Sec. G	,			
Huch AN for	C. Huch AN Er Thoras Waters RW 10/111	£1/1	- 10	Hacility With Miles	LE ST	(1/22/1)

Facility Director/Designee

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

HEALTH REGULATION & LICENSING

ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Background Check Requirement

4701.2

or contract worker who will have, or foresecably may Each facility...shall cause each prospective employee Columbia and the fifty (50) states. Finger printing or reveal the criminal history, if any, in the District of results of the criminal background checks shall be following finger printing or live scan, by the MPD undergo a criminal background check that shall and FBI in an FBI-approved environment. The criminal background check shall be performed, have direct patient, resident or client access, to live scan shall be performed in the District of Department (MPD) or a private agency. The Columbia utilizing the Metropolitan Police forwarded to the Department of Health;

Based on the review of personnel records and interview. the agency failed to obtain a fingerprint or live scan for Receptionist and Human Resource personnel). two (2) of eight (8) employees in the sample



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

The state of the s

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

The findings include:

On September 25, 2017, at 10:00 a.m., review of the Receptionist's personnel file showed that she was hired on July 1, 2017. The continued review of her personnel file revealed a criminal background check, had been conducted by the State of Maryland on June 3, 2016. The file, however, tacked documented evidence of an FBI criminal background check.

On September 25, 2017, at 10:00 a.m., review of the Human Resources personnel file revealed that she was hred on July 1, 2017. The continued review of her personnel file revealed a criminal background check had been conducted by the State of Maryland on September 10, 2015. The file, however, lacked documented evidence of an FBI criminal background check.

On September 26, 2017, at 2:30 p.m., telephone interview with the DON revealed that he was unaware that FBI fingerprinting or live scan had to be conducted for the Receptionist and the Human Resources personnel. Continued interview showed that he would ensure the identified employees would have the FBI fingerprinting completed.

At the time of the survey, the agency failed to ensure the Receptionist and the Human Resources personnel had an

The FBI background check for the Receptions and the HR personnel have been done via DOH background check. See establitics.

The following Measures, Systemic changes have been put in place to assure the alleged deficient practice does not to occur.

The agency has registered with the DOH Automated Background Check Management and was issued a Provider ID on October 02, 2017.

Seed subdices.

IIR staff were in serviced on the 10/16/2017 by the DON regarding policy # QOC 20-055.Background cheek (See Lyhibu # 7) *** and DOH Automated Background Cheek system.

The DON DESIGNEF will conduct monthly random audits of 10 employees files, any Negative patterns will be presented to the Quality assurance committee for tracking and trending purposes with follow up actions taken and implemented as need arise.

The Quality Assurance team will randomly audit 10%, of employee's files quarterly, to ensure that all new hired employees have required documentations on their files.

A A A PROPERTY AND A SECOND CO. CREME

Key, 9/102

GOVERNMENT OF THE DISTRICT OF COLUMBIA

HEALTH REGULATION & LICENSING DEPARTMENT OF HEALTH

ADMINISTRATION

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION

FBI fingerpriming or live scan conducted

It should be noted that Aupter 47 was amended to require FBI fingerprinting, effective December 2012

POC ACCEPTANCE FORM

Surveyor Name	Theresa Waters		
Provider	Quality One		
Facility ID	HCA-0087		
Address	143 Kennedy St., NW		
POC Administrative Signature Date	1 st 10/20/17 & 2 nd 10/23/17		
POC Received Date	1 st 10/20/17 & 2 nd 10/23/17		
POC Approval Date	10/23/17		

Not Approved Date: 10/23/17

Revisit No	eeded
□ 1 st	
□ 2n	d

Comments:

10/23/17

- o H366 the agency failed to send verification MD was contacted to sign POC; and
- O H453 the agency indicated they had updated the admission policy, which required a 2nd RN to review all newly admitted patients' documentation. However, the agency failed to send a copy of the updated policy (Exhibit 3). Submitted Exhibit #8, entitled Background Screening Policy (the agency submitted Two different Exhibits); and
- All citation answers failed to identify to the citation tag #.

10/23/17 @ 10:30 AM, a call was placed to Mr. Matope, and we discussed the previously mentioned concerns. He indicated that he would address all concerns and resubmit the POC, as soon as possible.

10/24/17 The provider sent updated POC on the afternoon of 10/23/17. I reviewed the updated POC today, and it addressed all previously discussed concerns. I have approved the updated POC.

C		
The aforementioned Plan of Correction is in compliance with HIPAA regulations (no formal names or initial identifiers) and therefore is approved to be posted on the Department of Health's website.		
Signature:	Date:	

Please CC- Sharon Mebane, Laura A. Hunte, and Linnis Wallace.
Thank you~